

ROUTING SLIP FOR INVOICES

DATE August 14, 2017

CONTRACTOR Caring to Love

PO#

2000224936

MONTH OF SERVICE July 2017

TO LeBlanc

INITIAL REVIEW J

DATE 9.5.17 ?

FSPS2 REVIEW

DATE

Program Manager 1/2 P. Schuman

DATE 9/12/17

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 9.13.17 EQUIPMENT TO BE TAGGED?

ADVANCE RECOUPMENT?

COMMENTS:

↓ Ballow \$250.00 health insc. for Home Prenatal  
Care Nurse because not in budget



DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

July 2017

Service Period

2000 224936

Contractor/PO#

2000 224936-0717

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 5,037.69	\$ -	\$ 5,037.69	\$ 67,922.31	
FRINGE BENEFITS	\$ 10,309.44	\$ 754.68	\$ -	\$ 754.68	\$ 9,554.76	
TRAVEL	\$ 1,080.00	\$ 70.89	\$ -	\$ 70.89	\$ 1,009.11	
OPERATING SERVICES	\$ 60,370.56	\$ 1,672.90	\$ -	\$ 1,672.90	\$ 58,697.66	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,300.00	\$ -	\$ 7,300.00	\$ 86,900.00	
OTHER CHARGES	\$ 434,880.00	\$ 29,225.00	\$ -	\$ 29,225.00	\$ 405,655.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ -	\$ 4,750.00	\$ 52,250.00	
TOTALS	\$ 730,800.00	\$ 48,811.16	\$ -	\$ 48,811.16	\$ 681,988.84	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Dorothy Wallis*, President/CEO  
Signature of Authorized Contractor Representative and Title

8/10/2017  
Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
2249360717	4274	3740	5071	-	
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program Compliance Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

health ins. allowed for home prenatal care hours because not in budget

*Dorothy Wallis* 9/5/17

*Donna Brown* Program Mgr 9/11/17

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries  
SERVICE PROVIDED: Abortion Alternative-Statewide.  
  
ADDRESS 3813 N. Flannery Rd.  
Baton Rouge, LA 70814  
  
CONTACT PERSON: Dorothy Wallis  
  
TITLE: President/CEO

REPORT CATEGORY # 5071  
P. O. # 2000 224936  
GRS ORG CODE # 4274  
OBJECT CODE 3740  
INVOICE # 2000224936-0717  
PHONE # 225-273-1124

MONTH & YEAR July 2017  
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS 0  
1st MONTH PARTICIPANTS SERVED THIS MONTH: 229  
CUMMULATIVE 1st MONTH PARTICIPANTS 229

**SECTION A-SALARY**

Services Coordinator	J Monic Adams	1,837.69	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator		0.00	
Clerical Support Specialist	Sanaretha Gray	1,600.00	
	<b>TOTAL SALARIES-Direct Svcs</b>	<b>5,037.69</b>	<b>5,037.69</b>

**SECTION B - FRINGE**

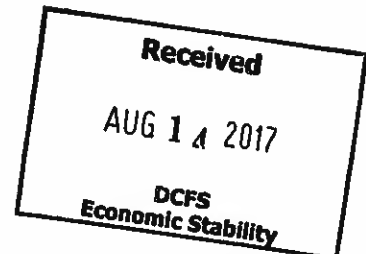
Insurance	Direct Services	<del>250.00</del> $\phi$	
FICA	Direct Services	385.38	
Worker's Compensation	Direct Services	119.30	
	<b>TOTAL FRINGES-Direct Svcs</b>	<b>754.68</b>	<b>754.68</b>

**SECTION C - TRAVEL**

Travel	Direct Services	70.89	
	<b>TOTAL TRAVEL-Direct Svcs</b>	<b>70.89</b>	<b>70.89</b>

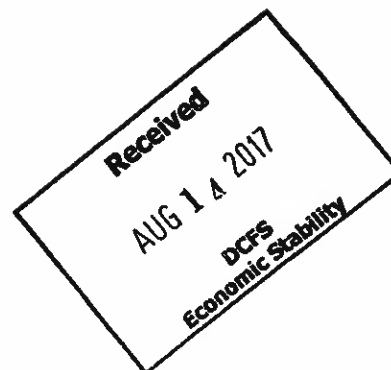
**SECTION D - OPERATING EXPENSES**

Printing	Direct Services	337.95
Office Supplies	Direct Services	0.00
Copy Machine	Direct Services	250.00
Internet Service	Direct Services	195.00
Media	Direct Services	0.00
Website	Direct Services	14.95
KNOWforSURE	Direct Services	875.00
	<b>TOTAL OPERATING EXPENSES FOR MONTH</b>	<b>1,672.90</b>



**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries



**SECTION F - PROFESSIONAL**

Accounting Services	Vickie Davis	2,200.00
Performance Improvement C	Garcia Bodley	1,200.00
Public Relations/Media Coord	Randy Rice	700.00
Webmaster/Info Tech Cons.	Kathleen Benfield	700.00
Information Technology Cons	Turnkey	250.00
Auditor Services	Michael Choate, CPA	750.00
Professional Technical Svc	JHam/Lacey/ Michelle	1,500.00

**TOTAL PROFESSIONAL**

**7,300.00**

**SECTION G-OTHER CHARGES**

Client Services:

	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	180	1,800.00
Positive Pregnancy Test	\$ 10.00	138	1,380.00
Negative Pregnancy Test	\$ 10.00	42	420.00
Abstinence Education	\$ 30.00	42	1,260.00
Counseling	\$ 40.00	138	5,520.00
Referral Services	\$ 10.00	127	1,270.00
Health Risk Assessment	\$ 30.00	138	4,140.00
Care Plan Development	\$ 30.00	138	4,140.00
On-going Care	\$ 30.00	74	2,220.00
Family Support Services	\$ 40.00	91	3,640.00
Home Outreach Support Services	\$ 75.00	33	2,475.00
Birth Outcome Confirmation	\$ 40.00	24	960.00

**TOTAL OTHER CHARGES**

**29,225.00**

**SECTION I - INDIRECT COST**

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00

**TOTAL INDIRECT COST**

**4,750.00**

**TOTAL INVOICE**

**\$ 48,811.16**

  
Authorized Signature per Dorothy Wallis

Project Administrator

8/10/2017

Date

I hereby certify that the information given is true and correct to the best of my knowledge.

OFS Approval

Telephone Number

8/10/2017

Date

\*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL  
PAYMENT MANAGEMENT/CONTRACTS  
PO BOX 3927  
BATON ROUGE, LOUISIANA



P.O.# 200 224936 - 0717  
ACH Transfer Detail Grid for July 2017

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proff of Electronic Bank Statement	Bank Stn Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	22-24	25	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	N/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	36	37	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie	39-40	41	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coor	Resources for Comm.- Garcia Bodley	42	43	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	44	45	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	46	47	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Services	Jennifer Ham	51-52	53	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Services	Lacey Bodley	54	55	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Services	Michelle Dyess	56	57	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	60	62	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	63	65	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	66	68	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	69	71	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	72	74	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	75	77	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	78	80	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	82	83	Gulf Coast Bank & Tst	5



LCP CHECKING (100526649)

8/9/2017 1:24 PM (Refresh)

## Account information

Summary Details

## Balance

Previous Day Transactions (-7,961.43/+00):	-7,961.43
<b>Current Balance:</b>	<b>45,480.15</b>
Holds:	.00
Pending Transactions (-40,970.89/+00):	-40,970.89
Other Transfers:	.00
<b>Available Balance:</b>	<b>4,489.26</b>

## Transactions

Show 50 ☒

Total debits: -40,970.89 (17), total credits: +0.00 (0)

ACH Pg #

Date ▾	Description ◊	Debit ◊	Credit ◊	Balance
08/09/2017	July 2017 (Pending) Michelle Dyess	100.00	57	4,489.26
08/09/2017	July 2017 (Pending) Lacey Bodley	200.00	55	4,589.26
08/09/2017	July 2017 (Pending) Dorothy Wallis	4,500.00	83	4,789.26
08/09/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	1,330.00	80	9,289.26
08/09/2017	Ecorp ACH Out RESTORATION PREGNANC (Pending)	4,695.00	77	10,619.26
08/09/2017	Ecorp ACH Out WOMENS LIFE MINISTRI (Pending)	1,245.00	74	15,314.26
08/09/2017	Ecorp ACH Out CATHOLIC CHARITIES (Pending)	2,440.00	71	16,559.26
08/09/2017	Ecorp ACH Out A PREGNANCY CENTER (Pending)	5,380.00	68	18,999.26
08/09/2017	Ecorp ACH Out WOMENS RES CEN NATCH (Pending)	5,115.00	65	24,379.26
08/09/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	9,020.00	62	29,494.26
08/09/2017	Ecorp ACH Out J. HAM INC (Pending)	1,200.00	53	38,514.26
08/09/2017	Ecorp ACH Out K BENFIELD & ASSOC (Pending)	700.00	47	39,714.26
08/09/2017	Ecorp ACH Out RANDY RICE & ASSOC (Pending)	700.00	45	40,414.26
08/09/2017	Ecorp ACH Out WOMEN RESOURCES COMM (Pending)	1,200.00	43	41,114.26
08/09/2017	Ecorp ACH Out DIRECT MAIL SERVICE (Pending)	2,200.00	41	42,314.26
08/09/2017	Ecorp ACH Out KNOW FOR SURE (Pending)	875.00	37	44,514.26
08/09/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	70.89	25	45,389.26

Additional items prior to 08/09/2017 may be available in the transaction archive.

MEMBER FDIC      eStatement/Notice enrollment      EQUAL HOUSING LENDER      VERISIGN      TRUSECURE      CONTACT US  
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**PO# 2000 224936**

**SECTION A**

**SALARY**

7:11 PM

08/09/17

**Caring To Love Ministries**  
**LCP Payroll Summary-June 2017**  
 July 2017

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
<b>Employee Wages, Taxes and Adjustments</b>				
<b>Gross Pay</b>				
Care Pregnancy Clinic Salary	1,837.69	1,875.00	3,050.68	6,763.37
<b>Total Gross Pay</b>	1,837.69	1,875.00	3,050.68	6,763.37
<b>Deductions from Gross Pay</b>				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
<b>Total Deductions from Gross Pay</b>	0.00	0.00	-452.22	-452.22
<b>Adjusted Gross Pay</b>	1,837.69	1,875.00	2,598.46	6,311.15
<b>Taxes Withheld</b>				
Federal Withholding	-1.00	-213.00	-313.00	-527.00
Medicare Employee	-26.64	-27.18	-44.23	-98.05
Social Security Employee	-113.94	-116.25	-189.14	-419.33
LA - Withholding	-39.95	-52.71	-65.56	-158.22
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
<b>Total Taxes Withheld</b>	-181.53	-409.14	-611.93	-1,202.60
<b>Net Pay</b>	<u>1,656.16</u>	<u>1,465.86</u>	<u>1,986.53</u>	<u>5,108.55</u>
<b>Employer Taxes and Contributions</b>				
Medicare Company	26.64	27.18	44.23	98.05
Social Security Company	113.94	116.25	189.14	419.33
<b>Total Employer Taxes and Contributions</b>	<u>140.58</u>	<u>143.43</u>	<u>233.37</u>	<u>517.38</u>

Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	J Monic Adams	1837.69		140.58	43.52	184.10 ✓	2021.79
Home Prenatal Care Nurse	Kim Hardee	1600.00	250.00 <i>not in budget</i>	122.40	37.89	<del>410.29</del> 160.29	2010.29
Home Prenatal Care Educator		0		0	0	0	0
Clerical Support	Sanaretha Gray	1600.00		122.40	37.89	160.29 ✓	1760.29
<b>TOTALS</b>		<b>5037.69</b>	<b>250.00</b>	<b>385.38</b>	<b>119.30</b>	<b>754.68</b>	<b>5792.37</b>

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

[illegible]

**LCP Budget to reimburse CTLM =\$1837.69 for month**

8

CARING TO LOVE MINISTRIES  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

BATON ROUGE, LOUISIANA

9302

84-15/554

7/20/17

PAY TO THE ORDER OF Jashonda Monic Adams

\$ \*\*800.98

Eight Hundred and 98/100

DOLLARS

Jashonda Monic Adams  
11625 Sherwood Valley Ct  
Baton Rouge, LA 70816

VOID AFTER 60 DAYS  
STAR ACCOUNT

*[Signature]*

AUTHORIZED SIGNATURE

MEMO

Pay Period: 07/01/17 - 07/15/17

009302

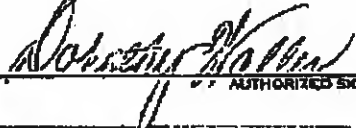
For security, please do not write on the back of this check. If you do, the check may be voided. Please do not write on the back of this check. If you do, the check may be voided.

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

*[Signature]*

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1837.69 for month

<b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		WINDY BATON ROUGE, LOUISIANA 04-16664 9301 7/5/17	
PAY TO THE ORDER OF Kim A Hardee		\$ **1,007.88	
One Thousand Seven and 88/100		DOLLARS	
Kim A Hardee 15947 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 08/16/17 - 08/30/17			
⑈009301⑈			

Capital One, N.A. Richmond VA 065000090 41107ZPS0870420170714000076679965		DO NOT WRITE IN THE SPACE BELOW THIS LINE	
Capital One, N.A. Richmond VA 065000090 41107ZPS0870420170714000076679965		LINDSEY HENNE	
CAPITAL ONE, NA 0040229684 07142017 RICHMOND, VA 107 21 Deposit 2081145264			

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

10

CARING TO LOVE MINISTRIES  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

BATON ROUGE, LOUISIANA

9306

84-15/884

7/20/17

PAY TO THE ORDER OF Kim A Hardee

\$ 816.11

Eight Hundred Sixteen and 11/100

DOLLARS

Kim A Hardee  
15947 Haynes Bluff Ave  
Baton Rouge, LA 70817

VOID AFTER 90 DAYS  
STAR ACCOUNT

*Walter Walker*  
AUTHORIZED SIGNATURE

MEMO

Pay Period: 07/01/17 - 07/15/17

⑈009306⑈

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

11



CARING TO LOVE MINISTRIES  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

BATON ROUGE,  
LOUISIANA  
84-15/854

9312

7/22/17

PAY TO THE ORDER OF Kim A Hardee

\$ \*\*162.54

One Hundred Sixty-Two and 54/100

DOLLARS

Kim A Hardee  
15047 Haynes Bluff Ave  
Baton Rouge, LA 70817

VOID AFTER 60 DAYS  
STAR ACCOUNT

*Kim A Hardee*  
AUTHORIZED SIGNATURE

MEMO

Pay Period: 07/15/17 - 07/15/17

0009312

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR NATIONAL AUTOMATIC DEPOSIT

*Kim A Hardee*

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

12

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPRINTED SECURITY

**CARING TO LOVE MINISTRIES**  
**STAR ACCOUNT**  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LOUISIANA 70814  
 (225) 273-1124

**WHITNEY** BATON ROUGE,  
 LOUISIANA

9297

84-15/654

7/5/17

PAY TO THE ORDER OF Sanaretha A Gray

\$ \*\*760.88

Seven Hundred Sixty and 68/100\*\*\*\*\*

DOLLARS

Sanaretha A Gray  
 PO Box 413  
 Prairieville, LA 70769

VOID AFTER 60 DAYS  
 STAR ACCOUNT

*Sanaretha A Gray*  
 AUTHORIZED SIGNATURE

MEMO

Pay Period: 06/16/17 - 06/30/17

⑈009297⑈

E Federal CU  
 BOFD RT:2854/3511  
 Account:12118  
 07/07/2017 10:11:01 (-05:00) AM  
 Item:071010697667

ENDORSE HERE  
*Sanaretha A Gray*

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPUNCHED HORIZON

**CARING TO LOVE MINISTRIES**  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

**SWIFTLY** BATON ROUGE, LOUISIANA  
84-15/554  
7/20/17

9305

PAY TO THE ORDER OF Sanaretha A Gray \$ \*\*705.18

Seven Hundred Five and 18/100 DOLLARS

Sanaretha A Gray  
PO Box 413  
Prairieville, LA 70769

VOID AFTER 60 DAYS  
STAR ACCOUNT

*Sanaretha A Gray*  
AUTHORIZED SIGNATURE

MEMO  
Pay Period: 07/01/17 - 07/15/17

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR BREATH HEAT. RED IMAGE DISAPPEARS WITH HEAT.

⑈009305⑈

E Federal CU  
BOFD RT:258473511  
Account:12118  
07/22/2017, 11:00:03 (-05:00) AM  
Item:221100025200

ENCLOSURE  
*Sanaretha A Gray*

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

**PO# 2000 224936**

**SECTION B**

**FRINGES**

GBS52716000179020



Louisiana



HMO Louisiana



**SOUTHERN NATIONAL**  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

**CARING TO LOVE MINISTRIES**

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814

Group ID : 27A61ERC  
Subgroup ID : 0000

**Due Date:** 07/15/2017  
**Billing Date:** 06/29/2017

**Invoice Period From :** 07/15/2017  
**Invoice Period Through:** 08/14/2017  
**Invoice Number :** 171800001685

**Subscriber Count:** 2

<b>Outstanding Balance.....</b>	<b>\$0.00</b>
<b>Premiums This Period.....</b>	<b>\$1,841.60</b>
<b>Member Adjustments.....</b>	<b>\$0.00</b>
<b>Fees and Other Adjustments.....</b>	<b>\$0.00</b>
<b>Current Billed Amount.....</b>	<b>\$1,841.60</b>

***Please Pay Total Amount Due***

**\$1,841.60**

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

## SECTION B-FRINGS-Insurance

**LCP Budget to reimburse CTLM = \$250.00 for month**

ORIGINAL DOCUMENT FILMED ON CHEMICAL RESISTIVE PAPER WITH MICROPRINTED GUTTER

**CARING TO LOVE MINISTRIES**  
 OPERATING ACCOUNT  
 3813 N. PLANNERY ROAD  
 BATON ROUGE, LA 70814  
 (225) 873-1124

**WRITEST** BATON ROUGE, LOUISIANA

84-15/004 7/7/17

17639

PAY TO THE ORDER OF Blue Cross Blue Shield \$ 1,841.80

One Thousand Eight Hundred Forty-One and 60/100 DOLLARS

Blue Cross Blue Shield  
 P.O. Box 650007  
 Dallas, TX 75265

VOID AFTER 60 DAYS  
 OPERATING ACCOUNT

*[Signature]*  
 AUTHORIZED SIGNATURE

MEMO Group ID 27A81ERC Subgroup 0000 7/15/17-8/14/

0017639

000102 117 071217 1088  
 27A61ERC DAL CRED TO PAYEE  
 0712305424/12 ABS END GUAR  
 071217 187472 117 234

## SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



Electronic Federal Tax Payment System

[HOME](#)[ENROLLMENT](#)[MY PROFILE](#)[PAYMENTS](#)[HELP & INFORMATION](#)[CONTACT US](#)[LOGOUT](#)

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

## Deposit Confirmation

Your payment has been accepted.

### Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

### REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270761921760842

#### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q3/2017
Payment Amount	\$2,773.52
Settlement Date	08/07/2017
Subcategories:	
1 Social Security	\$1,592.18
2 Medicare	\$372.34
3 Tax Withholding	\$809.00
Account Number	xxxxx6585
Account Type	CHECKING
Routing Number	[REDACTED]
Bank Name	WHITNEY BANK

[Home](#)[Enrollment](#)[My Profile](#)[Payments](#)[Help & Information](#)[Contact Us](#)[Logout](#)[USA.gov](#)[IRS.gov](#)[Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-0717

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$385.38 for month

/8

PO# 2000 224936-0717

Workman's Comp Life Choice \$119.30 Section B

Section B - Fringes Worker's Comp



LCTA CASUALTY INSURANCE COMPANY CTLM

\$316.70

## SELF-REPORTING WORKSHEET

Total= \$436.00

Page 1 of 2 117

Print Date: 7/26/2017

Care Pregnancy Clinic  
Caring to Love Ministries Inc  
3813 N Flannery  
Baton Rouge, LA 70814

Agent: 576  
Ozark South Central Insurance  
(225)775-7614

Carrier Policy #: WC-1-019438-117  
Rating State: LA  
Payment Due: 8/15/2017

Policy period: 1/01/2017 - 1/01/2018  
Reporting Period: 7/01/2017 - 7/31/2017

Policy No.: 001000019438117

Division: 0

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	5585.77	.29	16.20
8864	Social Svcs Org-All Employees	9294.37	2.58	239.79
<p>Life Choice = \$119.30 CTLM = \$316.70 TOTAL = \$436.00</p>				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium		255.99
		(7) Increased Limits .000%		+
		(8) Subtotal		=
		(9) Discount factor before modifier		x 1.000
		(10) Subtotal		= 255.99
Months not reported:		(11) Experience Modifier		x
		(12) Subtotal		= 255.99
		(13) Discount factor after modifier		x 1.000
Make check payable to:  LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(14) Total Premium Due		= 255.99
		(15) Add/Deduct cents		+ .01
		(16)		+ 256.00
		(17) Previous Balance		+ 180.00
		(18) Total Due		= 436.00

For billing inquiries, call: PREMIUM ACCT 225-242-4443

## Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie Davis

Title: Accountant

Date: 8/2/17

19





Vickie Davis &lt;vickiebdavis@gmail.com&gt;

## Copy of payment receipt from LCTA WORKERS COMP

1 message

**BusinessServices@intuit.com** <BusinessServices@intuit.com>  
 To: vickiebdavis@gmail.com

Wed, Aug 9, 2017 at 1:35 PM

**Dear Care Pregnancy**

Below is the sales receipt provided to you by LCTA WORKERS COMP

<b>Transaction Receipt</b>			
Transaction Type	<b>Sale</b>	Amount:	<b>\$436.00</b>
Name:	<b>Care Pregnancy</b>	Date & Time:	<b>08/09/2017 - 11:34 PDT</b>
<b>Check Information</b>			
Account No.:	<b>*****69</b>	Account type:	<b>Checking</b>
Routing No.:	<b>*****153</b>		
<b>Payment ID</b>			
Authorization Code:	<b>606-221</b>	Transaction ID:	<b>a0gdibpe</b>

**Thank you for your order,  
 LCTA WORKERS COMP**

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA WORKERS COMP to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$436.00 on or after 08/09/2017 - 11:34 PDT . If you have any questions about this payment or your authorization, you may contact LCTA WORKERS COMP at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

**PO# 2000 224936-0717**

**Section B-Fringes-Worker's Comp**

**Page 2 of 2**

**SECTION 1-FRINGS-Worker's Comp**

**LCP Budget to reimburse CTLM = \$119.30 for month**

20

PO# 2000 224936

0 • C

0 • C

SECTION C

0 • C

TRAVEL

6 • 00 +

6 • 00 +

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6 • 00 +

6 • 00 +

6 • 00 +

3 • 00 +

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9 • 00 +

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3 • 00 +

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6 • 00 +

6 • 00 +

139 • 00 x

0 • 51 =

70 • 89 \*

0 • C

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashonda Monic Adams  
ADDRESS 1625 Sherwood Valley Ct  
CITY Baton Rouge, LA 70816

DATE OF CLAIM

7-31-17

DEPARTMENT

DIVISION

Travel

SECTION

Travel

FOR PERIOD

7/1/17 - 7/31/17

Expense Summary

	Lump-Sum Allowance	\$	
	Per Mile Cost:	mi. @ .51	\$
Automobile:	139	mi. @ .51	\$ 70.89
			\$ 70.89
	Lodging	\$	
Subsistence:	Meals (SEE PPM 40 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	\$
Tolls and Parking			\$
Tips (for baggage handling only)			\$
Other Expenses			\$
Less: Travel Advance			\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our client.		\$ 70.89

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Jashonda Adams  
SIGNED BY PAYEE

LCP Service Coordinator  
TITLE OR POSITION

E. Baton Rouge  
OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis  
NAME

Dorothy Wallis  
SIGNED BY:

CEO/President  
TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$70.89

Page 2 of 2 Travel Expense Form  
 BA-12 (3/97)  
 July 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance			Tolls and		Other Expenses	
	Dep	Arr		Depart	Arrive		Lodging	Meals	Cost	Parking	Tips	Description	Cost
7/3/2017	12:40pm	1:00:00pm	3813 N. Flannery Rd, BR, LA, 70814 to 9115 Dancy Ave, BR, LA, 70814	108653	108659	6							
7/3/2017	1:20:00 PM	1:32:00 PM	9115 Dancy Ave, BR, LA, 70814 to 3813 N. Flannery Rd, BR, LA, 70814	108659	108665	6							
7/7/2017	1:19:00 PM	1:32:00 PM	3813 N. Flannery Rd, BR, LA, 70814 to 2158 O'Neal Ln, BR, LA, 70814	108810	108816	6							
7/7/2017	02:05pm	2:24:00 PM	2158 O'Neal Ln, BR, LA, 70814 to 3813 N. Flannery Rd, BR, LA, 70814	108816	108822	6							
7/14/2017	2:42:00 PM	3:02:00 PM	3813 N. Flannery Rd, BR, LA, 70814 to 5825 Florida Blvd, BR, LA, 70806	109240	109246	6							
7/14/2017	3:22:00 AM	3:50pm	5825 Florida Blvd, BR, LA, 70806 to 3813 N. Flannery Rd, BR, LA, 70814	109246	109252	6							
7/21/2017	9:50:00 AM	10:06:00 AM	3813 N. Flannery Rd, BR, LA, 70814 to 11674 Biscayne Dr, BR, LA, 70814	109590	109593	3							
7/21/2017	10:27:00 AM	10:35:00 AM	11674 Biscayne Dr, BR, LA, 70814 to 3813 N. Flannery Rd, BR, LA, 70814	109593	109596	3							
7/26/2017	11:40:00 AM	12:25:00 PM	3813 N. Flannery Rd, BR, LA, 70814 to 2666 Balls Dr, Unit 4 BR, LA, 70808	110084	110093	9							
7/26/2017	1:12:00 PM	1:32:00 PM	2666 Balls Dr, Unit 4 BR, LA, 70808 to 12126 Maple St, BR, LA, 70767	110093	110120	27							
7/26/2017	1:32:00 PM	2:26:00 PM	12126 Maple St, BR, LA, 70767 to 3813 N. Flannery Rd, BR, LA, 70814	110120	110147	27							
7/28/2017	9:55:00 AM	10:00:00 AM	3813 N. Flannery Rd, BR, LA, 70814 to 14243 Lilac St, BR, LA, 70819	110197	110200	3							
7/28/2017	10:15:00 AM	10:19:00 AM	14243 Lilac St, BR, LA, 70819 to 3813 N. Flannery Rd, BR, LA, 70814	110200	110203	3							

111

Total Miles Traveled  
 Rate per Mile  
 Total Amount to Bill

(Continued)

ACH = \$70.89

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)

July 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance			Tolls and		Other Expenses	
	Dep	Arr		Depart	Arrive		Lodging	Meals No.	Cost	Parking	Tips	Description	Cost
7/31/2017	11:17:00 AM	11:37:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 854 N Donmoor Ave apt 3113, BR, LA, 70806	110364	110372	8							
7/31/2017	12:00:00 AM	12:25:00 PM	854 N Donmoor Ave apt 3113, BR, LA, 70806 to 3813 N Flannery Rd, BR, LA, 70814	110372	110380	8							
07/31/17	2:58:00 PM	3:15:00 PM	3813 N Flannery Rd, BR, LA, 70814 to 3888 S. Sherwood Forrest Blvd, BR, LA, 70816	110382	110388	6							
07/31/17	3:30:00 PM	3:57:00 PM	3888 S. Sherwood Forrest Blvd, BR, LA, 70816 to 3813 N Flannery Rd, BR, LA, 70814	110388	110394	6							
			<i>Sub-total</i>			28							
			<i>Plus previous page</i>			111							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
7/28/2017	9:55:00 AM	10:00:00 AM				0							
7/28/2017	10:15:00 AM	10:19:00 AM				0							

Total Miles Traveled  
Rate per Mile  
Total Amount to Bill

139  
0.51  
\$70.89

ACH = \$70.89

[Help](#) [Sign Out](#)



**GULF COAST BANK**  
& Trust Company

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Transfer Confirmation as of 08/08/2017 11:09 AM

CARE PREGNANCY CLINI		Transfer Summary	
Transfer Date:	08/09/2017	Number of Transfer Items:	1
Transfer Amount:	70.89	Total of Transfer Amounts:	70.89
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	119963526		
Status:	Approved		

MEMBER FDIC eStatement/Notice enrollment EQUAL HOUSING LENDER VERISIGN TRUSECURE CONTACT US  
© 2001-2017 Fiserv, Inc. or its affiliates.

25



0.0

0.0

163.95 +

174.00 +

337.95 \*

337.95 +

250.00 +

195.00 +

14.95 +

875.00 +

1,672.90 \*

0.0

PO# 2000 224936

### SECTION D

0.0

0.0

163.95 +

14.95 +

178.90 \*

0.0

250.00 +

195.00 +

174.00 +

178.00 +

0.90 +

875.00 +

1,672.90 \*

0.0

### OPERATING EXPENSES

Ad America 7/1/17 \$163.95 } ~~\$337.95~~ website  
Ad America 7/1/17 \$174.00 } media printing

Delage 7-22-17 \$250.00 pd 7-28-17 copy machine

CTL 7-31-17 \$195.00 pd 8-3-17 internet

Wufoo 7-20-17 \$14.95 pd cc website

CTL 7-31-17 \$875.00 pd 8-9-17 Knauf Sure

## Jeanine LeBlanc

---

**From:** Dorothy Wallis <dwallis@ctlm.org>  
**Sent:** Thursday, August 31, 2017 10:04 AM  
**To:** Jeanine LeBlanc  
**Cc:** Dorothy Wallis  
**Subject:** 2000224936 CTL July invoice proof of payment and explanation  
**Attachments:** June Ad America invoice.jpg; June Proof of payment one invoice.jpg; July invoice 2.jpg; July payment for both invoices.jpg; July Invoice 1.jpg

**Importance:** High

Morning Jeanine,

Here is the explanation and proof of payment for the June Ad America invoice; the payment submitted in the July invoice is for the Ad America July invoice.

When you open the attachment you will see June's Ad America invoice due to budget we could only pay one invoice; and the July Ad America invoices that reflect proof of payment.

The early payment was in preparation of our July 4<sup>th</sup> holiday weekend (vacations) because we had a short turn around to process our LCP invoice in time to mail to you.

Please reach out to me should you have any further questions.

Loving Life,  
  
Dorothy Wallis, M.Div  
President & CEO

  
225-215-0004 off  
225-273-5931 fax  
[dwallis@ctlm.org](mailto:dwallis@ctlm.org)

---

**From:** Jeanine LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]  
**Sent:** Wednesday, August 30, 2017 10:49 AM  
**To:** Dorothy Wallis <[dwallis@ctlm.org](mailto:dwallis@ctlm.org)>  
**Subject:** 2000224936 Ctl July invoice info needed

Ms. Wallis:

You submitted a request for reimbursement for Ad America for \$163.95 and \$174.00 with two bills dated 7/1/17. The verification of payment you submitted is a cleared check dated 6/29/17 which appears to be for the June 2017 bill. Please submit verification of payment of the July bills by email no later than Friday, September 1, 2017.

Thank you

0 . 1 2 1



**CARIND TO LOVE MINISTRIES**  
OPERATING ACCOUNT  
5815 N. PLANNERY ROAD  
BATON ROUGE, LA 70814  
(225) 878-1184

BATON ROUGE,  
LOUISIANA

17630

04/16/2017

3/29/17

PAY TO THE ORDER OF Ad America

\$ 337.95

Three Hundred Thirty-Seven and 95/100

DOLLARS

Ad America  
18305 Wickham Rd, Ste B  
Olney, MD 20832

VOID AFTER 60 DAYS  
OPERATING ACCOUNT

*Rosette Walker*  
AUTHORIZED SIGNATURE

MEMO

⑆017630⑆

⑆017630⑆ ⑆000000000000⑆  
TRN DEBIT ENGUY 33795  
Olney 3866 94004 3866 2 0035

PAY TO THE ORDER OF  
FOR DEPOSIT ONLY  
NO CASH WITHDRAWALS

# Ad America<sup>★</sup>

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 870-7575

Fax: 866 324-5531

Date	Invoice #
7/1/2017	225190

## Bill To

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choices.org	163.95	163.95
PO# 2000 224936-0717		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 337.95 for Ad America			
		Total	\$163.95

# Ad America<sup>★</sup>

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
7/1/2017	225189

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0717		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 337.95 for Ad America			
		<b>Total</b>	<b>\$174.00</b>

7/8/2017

<https://secure.hancockbank.com/Accounts/GetCheckImage.asp>

*June*

**CARING TO LOVE MINISTRIES**

OPERATING ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LA 70814  
(225) 273-1124

**STANLEY** BATON ROUGE,  
LOUISIANA

17629

6/15/04

6/16/17

PAY TO THE ORDER OF Ad America

\$ 174.00

One Hundred Seventy-Four and 00/100

DOLLARS

Ad America  
18308 Wickham Rd, Ste B  
Olney, MD 20832

VOID AFTER 60 DAYS  
OPERATING ACCOUNT

*Stanley Walker*  
AUTHORIZED SIGNATURE

MEMO

Monthly Maint Acholon on

PO 17629

38066515166 10322 0000000000  
TRN DEBIT SGONZA6 17400  
Olney 3866 94004 3866 3 0017

PAY TO THE ORDER OF  
TELEPHONE ONLY  
38066515166

PO# 2000 224936-0617

Page 2 of 2

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = \$3,21 for Ad America

# Ad America<sup>★</sup>

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 670-7575  
Fax: 866 324-5531

Date	Invoice #
6/1/2017	225000

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Actchoice.org	174.00	174.00
PO# 2000 224936-0617		Page 1 of 2	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 73.21 for Ad America			
		<b>Total</b>	<b>\$174.00</b>



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575  
Fax: 866 324-5531

Date	Invoice #
7/1/2017	225190

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0717		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 337.95 for Ad America			
		<b>Total</b>	\$163.95



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
7/1/2017	225189

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0717		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 337.95 for Ad America			
		<b>Total</b>	<b>\$174.00</b>

**CARING TO LOVE MINISTRIES**

OPERATING ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LA 70814  
(225) 273-1124



BATON ROUGE,  
LOUISIANA

17630

84-16/884

8/28/17

PAY TO THE  
ORDER OF Ad America

\$ 337.95

Three Hundred Thirty-Seven and 95/100

DOLLARS

Ad America  
18308 Wickham Rd, Ste B  
Olney, MD 20832

VOID AFTER 90 DAYS  
OPERATING ACCOUNT

MEMO

*Dorothy Waller*  
AUTHORIZED SIGNATURE

⑈017630⑈

386614038842 120112 20170705 000000000048236569  
TRN\_DEBIT ENGUY 33795  
Olney 3866 94004 3866 2 0035

PAY TO THE ORDER OF  
FOR DEPOSIT ONLY  
NO CASH WITHDRAWALS  
8/28/17

PO# 2000 224936-0717

Page 3 of 3

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 337.95 for Ad America





DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

## REMITTANCE SECTION

Invoice Number: 55431178  
Due Date: 08/15/2017  
Due This Period: \$555.75

Amount Enclosed: \$ \_\_\_\_\_

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



CARE PREGNANCY CLINIC  
ATTN AP  
3813 N FLANNERY RD  
BATON ROUGE LA 70814-8002

2100000554311780000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25427116  
Invoice Number: 55431178  
Account Number: 854059  
Site Number: 3951293  
Invoice Date: 07/22/2017  
Period of Performance: 07/15/2017-08/14/2017  
Due This Period: \$555.75

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

## IMPORTANT MESSAGES

\*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

## ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF68481		TOSHIB / ES3505AC	25427116_1				\$284.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL26209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	HRP09582		CANON / IRA4035	25427116_2				\$158.58	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
Asset Amount Total:										\$528.99

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

30

# Confirmation

**Thank You!** Your payment has been made.

**CARE PREGNANCY CLINIC**

Dorothy Wallis  
ATTN A P  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

<b>Payment Date</b>	7/28/2017
<b>Payment Method</b>	CTLM Operating WHITNEY BANK *****6569
<b>Total Payment</b>	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Thursday, July 27, 2017 12:00 PM ET will be posted on Thursday, July 27, 2017.  
Payments confirmed after Thursday, July 27, 2017 12:00 PM ET will be posted on Friday, July 28, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220.

Confirmation Number	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3104617755	854059- 3951293	7/22/2017	55431178	8/15/2017	\$555.75	\$555.75

PO# 2000 224936-0717

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.



Invoice No. LCP 07/31/2017  
P.O.# 2000 224936

# INVOICE

## Customer

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 7/31/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Cost for Internet Usage	\$ 195.00	\$ 195.00

SubTotal \$ 195.00

## Payment

Please make check payable to:  
**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

TOTAL \$ 195.00

Office Use Only

PO# 2000 224936-0717

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



at&amp;t

CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page 1 of 2  
Account Number 171-800-0934 001  
Billing Date Jul 19, 2017  
Questions? 1 800 358-1111  
Web Site att.com

Invoice 4140327308  
AT&T Tax ID 13-4924710

# Invoice

## Bill-At-A-Glance

Previous Bill	699.73
Payment - Thank You!	699.73CR
Adjustments	.00
Balance	.00
Current Charges	699.40
<b>Total Amount Due</b>	<b>\$699.40</b>
Payment Due Date	Aug 18, 2017

Pay by Visa 110848 8/3/17

## Billing Summary

For detailed information of your charges go to  
[www.businessdirect.att.com](http://www.businessdirect.att.com)

Questions? Call: 1 800 358-1111

## AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge  
Sub-Account #829-000-2551 191 664.84  
Sub-Account #831-000-6867 906 34.56  
Total Group #000001 699.40  
**Total Current Charges 699.40**

## News You Can Use

### News You Can Use

#### ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and

## SECTION D-Operating Expense-Internet

**LCP Budget to reimburse CTLM = \$195.00 AT&T**

## News You Can Use

**ACCOUNT STATUS - Continued**  
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

## JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

## REGULATORY NEWS

\*\*\*\*Important News About Your Account\*\*\*\*

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

[http://serviceguide.att.com/servicelibrary/business/ext/state\\_tariff\\_buss.cfm](http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm)

## Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability

Account: 1718000934001  
Bill Name: CARING TO LOVE MINISTRIES

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

**Note:** If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...0848 Dorothy Wallace ...0848 Exp. 12/2019	5JW7CSR1B04TM57	08/03/17	\$699.40

Invoice Number	Invoice Amount	Invoice Current Charges
4140327308	699.40	699.40

Regards,

Damon Sandness

ATT Minneapolis MERK Escalation Team

901 Marquette Ave S

Minneapolis, MN 55402

(866) 502-9421

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PO# 2000 224936-0717

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

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\*\*\*Paid by Credit Card \$14.65 Wufoo.com\*\*\*

Bill #2273044

Generated: 20 July 2017



Print



Email

**PAID****Infinity Box Inc.**3050 South Delaware Street  
San Mateo, CA 94403  
United States**Billed to:**Dorothy H Wallis  
3813 N. Flannery Road  
Baton Rouge 70814  
United States

Quantity	Description	Item Price	Total
1	Wufoo Subscription - From : July 20, 2017 to August 20, 2017	\$14.95	\$14.95

**AMOUNT PAID : \$14.95****CREDIT CARD BILLED : \*\*\*\* \* 848****TRANSACTION ID : 2557328**

Please keep a copy of this bill for your records and for future reference.

To upgrade, downgrade or change your billing information visit:

<http://ctim.wufoo.com/account/>.Please send billing questions to [billing@wufoo.com](mailto:billing@wufoo.com)  
and technical support questions to [support@wufoo.com](mailto:support@wufoo.com)

Thank you for your business and thanks for using Wufoo!

**The Wufoo Team**

WUFOO

**Sources for Women**

A ministry of Caring To Love Ministries  
3813 N Flannery Rd  
Baton Rouge, LA 70814

Invoice No. LCP 07/31/2017  
P.O.# 2000 224936

**INVOICE****Customer**

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 7/31/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

SubTotal \$ 875.00

**Payment**

Please make check payable to:

**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

**TOTAL \$ 875.00**

Office Use Only

**SECTION D-Operating Expense-KNOWforSURE**

**LCP Budget to reimburse CTLM = \$875.00 for month**

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Transfer Confirmation as of 08/08/2017 11:10 AM

<b>KNOW FOR SURE</b> Transfer Date: 08/09/2017 Transfer Amount: 875.00 From Account Nickname: LCP CHECKING From Institution R/T Number: [REDACTED] From Account Type: Demand Deposit From Account: [REDACTED] To Institution R/T Number: [REDACTED] To Account Type: Demand Deposit To Account: [REDACTED] Confirmation Number: 119971390 Status: Approved		<b>Transfer Summary</b> Number of Transfer Items: 1 Total of Transfer Amounts: 875.00 Important: You May Want to Print this Page for Future Reference.
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**SECTION D Operating Expense-KNOWforSURE**

**LCP Budget to reimburse CTLM = \$875.00 for month**



PO# 2000 224936

SECTION F

0.0  
0.0  
2,200.00 +  
1,200.00 +  
700.00 +  
700.00 +  
250.00 +  
750.00 +  
800.00 +  
400.00 +  
200.00 +  
100.00 +  
7,300.00 +  
0.0

PROFESSIONAL

Direct Mailby Service 1-31-17 \$2200.00 pd 8.9.17 acct

Gracia Bodley 1.17 \$1200.00 pd 8.9.17 per. imp.

Rand Rie 1-31-17 \$700.00 pd 8.9.17 pub. lib.

Kathleen Beafeld 1-31-17 \$700.00 pd 8.9.17 web

Turn Key 7.1.17 \$~~113.29~~<sup>\$250.00</sup> pd 7.19.17 it

Michael Choate 7.26.17 \$150.00 pd 8.2.17 audit

J Ham 1.30.17 \$800.00 > pd 8.9.17  
1.30.17 \$400.00

Lacey Bodley 1.31.17 \$200.00 pd 8.9.17

Michelle Diers 1.31.17 \$100.00 pd 8.9.17

prod. tech.  
\$1,500.00

Direct Mailing Services, Inc.

ACH = \$2200.00

**Invoice**12562 N Lake Shore Dr  
Walker, LA 70785

Date	Invoice #
7/31/2017	551

<b>Bill To</b>
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-July 2017	2,200.00	2,200.00
Thank you for the opportunity to serve you!		<b>Total</b>	\$2,200.00

Life Choice Project  
 Caring To Love Ministries  
 PO # 2000 224936-0717  
 July 2017

ACH = \$2200.00

**Detailed Description for Professional: Accounting Services**

		Direct Mailing Services (Vickie Davis)	<u>\$ 2,200.00</u>
<u>Date</u>	<u>Hours</u>	<u>Description</u>	
7/1/2017	8	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
7/5/2017	7	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
07/6-7/8/2017	14	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
7/18/2017	9	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
7/20/2017	10	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
7/24-7/25/2017	11	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
7/31/2017	6	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
		<u>65</u> Total Hours Worked	

ACH = \$2200.00

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Transfer Confirmation as of 08/08/2017 11:16 AM

<b>DIRECT MAIL SERVICE</b> Transfer Date: 08/09/2017 Transfer Amount: 2,200.00 From Account Nickname: LCP CHECKING From Institution R/T Number: [REDACTED] From Account Type: Demand Deposit From Account: [REDACTED] To Institution R/T Number: [REDACTED] To Account Type: Demand Deposit To Account: [REDACTED] Confirmation Number: 110035453 Status: Approved		<b>Transfer Summary</b> Number of Transfer Items: 1 Total of Transfer Amounts: 2,200.00 Important: You May Want to Print this Page for Future Reference.
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## Resources for Communities

Garcia Bodley  
P.O. Box 73215  
Baton Rouge, LA 70874  
Phone: (225) 328-1965

Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814  
(225) 273-1124

## INVOICE

Invoice #: 2017-700

For: Services: July, 2017

Location: Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
7/1, 7/5, 7/10	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	4		
7/14, 7/15	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
ongoing	Programmatic and data collections for the development and production of Newsletter	4		
7/9, 7/12, 7/2	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

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## Transfer Confirmation as of 08/08/2017 11:17 AM

WOMEN RESOURCES COMM		Transfer Summary	
Transfer Date:	08/09/2017	Number of Transfer Items:	1
Transfer Amount:	1,200.00	Total of Transfer Amounts:	1,200.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110044732		
Status:	Approved		

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PO# 2000 224936-0717 Section F-Professional-Performance Improv Page 2 of 2

ACH = \$1200.00

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**Randy Rice and Associates** ACH = \$700.008221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
7/31/2017	13900

Louisiana Life Choice Project  
3813 North Flannery  
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
<p>July PR</p> <p>Life Choice: LPC Public Relations 20.50 Hrs @ \$39.00 per hour</p> <p>4-Gathering of ratings for Radio and/or Television for each station 7-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 7-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 7-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 7-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 7-15-16 1.5-Send discrepancy notices for all spots not ran correctly 7-15-16 1-Issuance of credit in the event spots ran incorrectly 7-15-16 1-Arrange for Deliverables 7-15-16 1.5-Processing and delivery of Deliverables 7-15-16</p>	700.00
Thank you for your business.	<b>Total</b> \$700.00

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ACH = \$700.00

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**GULF COAST BANK**  
& Trust Company

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Transfer Confirmation as of 08/08/2017 11:18 AM

<b>RANDY RICE &amp; ASSOC</b>	
Transfer Date:	08/09/2017
Transfer Amount:	700.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Numbers:	110051928
Status:	Approved

<b>Transfer Summary</b>	
Number of Transfer Items:	1
Total of Transfer Amounts:	700.00
<b>Important: You May Want to Print this Page for Future Reference.</b>	

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ACH = \$700.00

**Invoice****Kathleen Benfield Consultants**

P.O. Box 10305  
New Orleans, LA 70181

Invoice #: 201167  
Invoice Date: 7/31/2017

Terms	Net 30
-------	--------

**Bill To:**

Life Choice Project  
Dorothy Wallis  
3813 N. Flannery Rd.  
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for July, 201y including training, modifications to web based database and reporting	700.00	1	700.00
Database upgrade - 07/03/17		3	0.00
Telephone Support - 07/05/17		0.25	0.00
Reports and queries - 07/06/17		3	0.00
Reports and queries - 07/07/17		3	0.00
Reports and queries - 07/08/17		2	0.00
Support - 07/11/17		1.5	0.00
Support - 07/11/17		0.5	0.00
Database upgrade - 07/23/17		1	0.00
Support/Conference call - 07/24/17		0.25	0.00
Reports and queries - 07/26/17		0.5	0.00
<b>Total</b>			<b>\$700.00</b>

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

**Balance Due** **\$700.00**

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ACH = \$700.00

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**GULF COAST BANK**  
& Trust Company

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**Transfer Confirmation as of 08/08/2017 11:18 AM**

<b>K BENFIELD &amp; ASSOC</b>	
Transfer Date:	08/09/2017
Transfer Amount:	700.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
<b>Confirmation Number:</b>	<b>110055374</b>
<b>Status:</b>	<b>Approved</b>

<b>Transfer Summary</b>	
Number of Transfer Items:	1
Total of Transfer Amounts:	700.00
<b>Important: You May Want to Print this Page for Future Reference.</b>	

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Turn Key Solutions, LLC  
11911 Justice Avenue  
Baton Rouge, LA 70816  
(225) 751-4444



**PAID**

<b>Bill To:</b>
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

<b>Date</b>	<b>Invoice</b>
07/01/2017 ✓	10028549

Terms	Due Date	PO Number	Reference
Net 30 days	07/31/2017		Monthly Billing for July

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"  
SEATS INCLUDED: 7  
HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- \* The full TKS Partner Pulse Process
- \* Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- \* Network Security & Risk Assessment Scheduled regularly throughout the year
- \* TKS' Gold Standard Implementation at no extra cost
- \* Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- \* Offsite monitoring and log review of your firewall
- \* 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- \* vCIO In-Person Meeting Schedule: \_\_\_\_\_, and unlimited remote consultation on request for your strategy or other IT questions
- \* Onsite Wellness Checkups Schedule: \_\_\_\_\_, and constant remote monitoring
- \* Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- \* Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- \* Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- \* Remote support to restore service is included and not billable
- \* Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- \* We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- \* Unlimited remote Server Administration, User Account Management
- \* We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- \* Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- \* Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- \* Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- \* PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- \* 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- \* All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- \* Not included, available separately

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use <a href="https://www.billandpay.com/go/tnks">https://www.billandpay.com/go/tnks</a> Thank you!	<b>Invoice Subtotal:</b>	1,012.33
	<b>Sales Tax:</b>	100.96
	<b>Invoice Total:</b>	1,113.29

## Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225) 751-4444.

LCP Budget to Reimburse CTRV

9250.00

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## Payment Confirmation - TurnKey Solutions, LLC

TurnKey Solutions, LLC <ar@turnkeysol.com>

Wed 7/19/2017 9:25 AM

To: luv luv <luv@ctlm.org>;



Marcia Oliver,

Thank you for your payment.

Payment Amount: \$1,113.29  
Confirmation #1233429-6560-1613717996

Your payment was applied to the following invoices:

**[Click here to login to your account to see your invoice and payment history.](#)**

If you have any questions, please contact us.

TurnKey Solutions, LLC  
ar@turnkeysol.com  
225-751-4444

This email has been sent to luv@ctlm.org by TurnKey Solutions, LLC which you are a customer of. Please let us know if you no longer wish to receive email communications from us.

**Powered by Bill & Pay**  
Learn more at  
<http://www.billandpay.com/>

**Section F Professional-Information Technology Cons.-Turnkey**

**LCP Budget to reimburse CTLM = \$250.00**

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B  
Baton Rouge, LA 70816

## Invoice

Date	Invoice #
7/26/2017	44190

<b>Bill To</b>
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
PROGRESS BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2017.	750.00
<p>MICHAEL R CHOATE CPA 2915 S SHERWOOD FOREST BL BATON ROUGE, LA 70816</p> <p>Merchant ID: 5483      Store ID: 0438 Term ID: 0001      Ref ID: 0001</p> <p><b>Phone Order</b></p> <p>XXXXXXXXXXXX0048 VISA      Entry Method: Manual</p> <p><b>Total: \$ 750.00</b></p> <p>08/02/17      15:05:48 Section F Professional-Audit Services-Michael Choate, CPA LCP Budget to reimburse CTLM = \$750.00 Transaction ID: 587214723405615 Approved: Online      Batch: 000104 CVV2 Code: MATCH M</p> <p><i>paid!</i> <i>Thank you!</i> <i>cat</i></p>	
DUE UPON RECEIPT.	<b>Total</b> \$750.00

Customer Copy

Re: Caring to Love

50

ACH \$800+\$400+\$200+\$100=\$1500.00

**J HAM ENTERPRISES, INC.****INVOICE****Date:** July 30, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries  
 3813 North Flannery Rd.  
 Baton Rouge, LA 70814

**Remit to:**

J Ham Enterprises, Inc.  
 812 Sandy Lane  
 Ruston, LA 71270

**Description**

Pregnancy Help Center Consulting  
 July 2017  
 27 hours @ \$30.00 per hour

**Amount Due:**

\$800.00

**Summary description of activities by category:**

Hours	Activity
10	Daily compilation and submission of center client visits
6	Grant launch — presentation & consultation
4	Preparation for grant launch
4	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
1	Preparation, Completion, & Submission of Compliance Documents
2	Phone conferences with LCP Director

ACH \$800+\$400+\$200+\$100=\$1500.00

**J HAM ENTERPRISES, INC.****INVOICE****Date:** July 30, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

J Ham Enterprises, Inc.  
812 Sandy Lane  
Ruston, LA 71270

**Description**

Coordinate Pregnancy Resource Development  
July 2017  
13.3 hours @ \$30.00 per hour

**Amount Due:****\$400.00****Summary description of activities by category:**

Hours	Activity
2	Assisting centers with outreach ideas
3	Consultation with center directors regarding resource development
8.3	Preparation of documents

ACH \$800+\$400+\$200+\$100=\$1500.00

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Transfer Confirmation as of 08/08/2017 11:19 AM

J. HAM INC		Transfer Summary	
Transfer Date:	08/09/2017	Number of Transfer Items:	1
Transfer Amount:	1,200.00	Total of Transfer Amounts:	1,200.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110063111		
Status:	Approved		

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ACH \$800+\$400+\$200+\$100=\$1500.00

Hold	Batch	Name	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
N	0000001	Free Form Addenda Caring To Love July 2017	[REDACTED]			200.00	[REDACTED]	8/9/2017	27 Demand Auto Payment
N	0000001	Lacey Bodley July 2017	[REDACTED]			200.00	[REDACTED]	8/9/2017	22 Demand Auto Deposit
N	0000001	Caring To Love July 2017	[REDACTED]			100.00	[REDACTED]	8/9/2017	27 Demand Auto Payment
N	0000001	Michelle Dyess July 2017	[REDACTED]			100.00	[REDACTED]	8/9/2017	22 Demand Auto Deposit
N	0000001							8/9/2017	

Batch 1 Total		Batch 1 Entry Count	
Debits:	300.00		2
Credits:	300.00		2
Difference:	0.00		
Totals:	600.00		4

File Total		File Entry Count	
Debits:	300.00		2
Credits:	300.00		2
Difference:	0.00		
Totals:	600.00		4

ACH \$800+\$400+\$200+\$100=\$1500.00

**INVOICE****Date:** July 31, 2017**Attention:** Dorothy Wallis**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**  
Michelle Dyess  
12238 Leblanc Ln  
Walker, LA 70785**Description**  
Pregnancy Help Center Consulting  
July 2017  
5 hours**Amount due:**  
\$100.00

Summary description of activities by category:

Hours	Activity
4	Compliance visit to Care Pregnancy Clinic in Baton Rouge - Audit of 10% of present month client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
1	Preparation, completion, & Submission of Compliance Documents

ACH \$800+\$400+\$200+\$100=\$1500.00

Hold	Batch	Name	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
N	00000001	Caring To Love July 2017	[REDACTED]			200.00	[REDACTED]	8/9/2017	27 Demand Auto Payment
N	00000001	Lacey Bodley July 2017	[REDACTED]			200.00	[REDACTED]	8/9/2017	22 Demand Auto Deposit
N	00000001	Caring To Love July 2017	[REDACTED]			100.00	[REDACTED]	8/9/2017	27 Demand Auto Payment
N	00000001	Michelle Dyess July 2017	[REDACTED]			100.00	[REDACTED]	8/9/2017	22 Demand Auto Deposit
N	00000001							8/9/2017	

Batch 1 Total		Batch 1 Entry Count	
Debits:	300.00	2	
Credits:	300.00	2	
Difference:	0.00		
Totals:	600.00	4	

File Total		File Entry Count	
Debits:	300.00	2	
Credits:	300.00	2	
Difference:	0.00		
Totals:	600.00	4	

PO# 2000 224936

## SECTION G

## OTHER CHARGES

June	care preg	women res cr	preg cr	access	women life	restoration	cpc gonzales				
intake applications	65	28	28	13	4	28	14	180	\$10.00	\$ 1,800.00	
pregnancy tests	47	23	27	12	3	22	4	138	\$10.00	\$ 1,380.00	
negative pregnancy tests	18	5	1	1	1	6	10	42	\$10.00	\$ 420.00	
abstinence education	18	5	1	1	1	6	10	42	\$30.00	\$ 1,260.00	
counseling	47	23	27	12	3	22	4	138	\$40.00	\$ 5,520.00	
referral	47	23	27	12	3	11	4	127	\$10.00	\$ 1,270.00	
health risk assessment	47	23	27	12	3	22	4	138	\$30.00	\$ 4,140.00	
care plan development	47	23	27	12	3	22	4	138	\$30.00	\$ 4,140.00	
on going monitoring	18	18	18	5	6	8	1	74	\$30.00	\$ 2,220.00	
family support	12	14	13	17	8	20	7	91	\$40.00	\$ 3,640.00	
home outreach support	10	5	8	0	3	7	0	33	\$75.00	\$ 2,475.00	
birth outcomes	6	10	4	0	2	2	0	24	\$40.00	\$ 960.00	
	382	200	208	97	40	176	62	0	1165	\$29,225.00	
								1165			
	\$ 9,020.00	\$ 5,115.00	\$ 5,380.00	\$ 2,440.00	\$ 1,245.00	\$ 4,895.00	\$ 1,330.00	\$ 29,225.00			

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

\*\*\*July 2017 BILLED \*\*\*\*\*

**TOTAL ALL SUB REPORTS**

Cumm from Last Month	1641	Cumm 2nd Visits Last Month	1281
Number of New Participants	180	New 2nd Visits	138
Cummulative Participants	1821	Cumm 2nd Visits	1419

**Client Services:**

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	180	\$ 1,800.00
2 Positive Pregnancy Test	\$ 10.00	138	\$ 1,380.00
3 Negative Pregnancy Test	\$ 10.00	42	\$ 420.00
4 Abstinence Education	\$ 30.00	42	\$ 1,260.00
5 Counseling	\$ 40.00	138	\$ 5,520.00
6 Referral Services	\$ 10.00	127	\$ 1,270.00
7 Health Risk Assessment	\$ 30.00	138	\$ 4,140.00
8 Care Plan Development	\$ 30.00	138	\$ 4,140.00
9 On-going Care	\$ 30.00	74	\$ 2,220.00
10 Family Support Services	\$ 40.00	91	\$ 3,640.00
11 Home Outreach Support Services	\$ 75.00	33	\$ 2,475.00
12 Birth Outcome Confirmation	\$ 40.00	24	\$ 960.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		1,165	\$ 29,225.00

Amount Due \$ 29,225.00

Care Pregnancy Clinic	\$ 9,020.00
Women's Resource Center of Natch LA	\$ 5,115.00
A Pregnancy Center	\$ 5,380.00
Access Pregnancy-(Catholic Charities)	\$ 2,440.00
Women's Life Ministries	\$ 1,245.00
Restoration House	\$ 4,695.00
CPC-Gonzales	\$ 1,330.00

**TOTAL ALL CENTERS****\$ 29,225.00**

Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization Care Pregnancy Clinic  
 Project Number LCP 17-18-01  
 Date of Report 07/01/2017 thru 07/31/2017  
 Report Submitted by Jashonda Monic Adams  
 Address 3813 N. Flannery Road  
 City, State, Zip Baton Rouge, LA 70814

New Pos. Clients: 

47
10

 2<sup>nd</sup>

47
----

 3<sup>rd</sup>

18
6

  
 Home BirthOut  
 Description of Services #Served Reim. Cost Total

Intake Application	65	\$10	\$650
Positive Pregnancy Test	47	\$10	\$470
Negative Pregnancy Test	18	\$10	\$180
Abstinence Education	18	\$30	\$540
Counseling	47	\$40	\$1,880
Referral Services	47	\$10	\$470
Health Risk Assessment	47	\$30	\$1,410
Care Plan Development	47	\$30	\$1,410
On-Going Care Monitoring	18	\$30	\$540
Family Support Services	12	\$40	\$480
Home Outreach Support Services	10	\$75	\$750
Birth Outcome Confirmation	6	\$40	\$240

Total Services 

382
-----

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\$9,020
---------

Director Signature \_\_\_\_\_

Supervisor Signature *Jashonda Adams*

Data Entry Clerk's Signature *Sanette A. Jones*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	598	Cumm 2nd Visits Last Month	448
Number of New Participants for This Month	65	New 2nd Visits	47
Cummulative Participants	663	Cumm 2nd Visits	495

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	65	\$ 650.00
2 Positive Pregnancy Test	\$ 10.00	47	\$ 470.00
3 Negative Pregnancy Test	\$ 10.00	18	\$ 180.00
4 Abstinence Education	\$ 30.00	18	\$ 540.00
5 Counseling	\$ 40.00	47	\$ 1,880.00
6 Referral Services	\$ 10.00	47	\$ 470.00
7 Health Risk Assessment	\$ 30.00	47	\$ 1,410.00
8 Care Plan Care	\$ 30.00	47	\$ 1,410.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	12	\$ 480.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		382	\$ 9,020.00

Amount Due      \$ 9,020.00



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## Transfer Confirmation as of 08/08/2017 11:22 AM

<b>CARE PREGNANCY CLINI</b>		<b>Transfer Summary</b>	
Transfer Date:	08/09/2017	Number of Transfer Items:	1
Transfer Amount:	9,020.00	Total of Transfer Amounts:	9,020.00
From Account Nickname:	LCP CHECKING	<b>Important: You May Want to Print this Page for Future Reference.</b>	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110095700		
Status:	Approved		

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## Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization

Women's Resource Center

Project Number

17-18-04

Date of Report

Jul-17 7/01/17 - 7/31/17 ~~5th~~

Report Submitted by

Beverly Broadway

Address

407 North Street

City, State, Zip

Natchitoches, LA 71457

New Pos. Clients:

✓23	2 <sup>nd</sup>
✓5	

Home

✓23	3 <sup>rd</sup>

BirthOut

✓18	
✓10	

#Served

Reim. Cost

Total

Description of Services

Intake Application

28

\$10

\$280

Positive Pregnancy Test

23

\$10

\$230

Negative Pregnancy Test

5

\$10

\$50

Abstinence Education

5

\$30

\$150

Counseling

23

\$40

\$920

Referral Services

23

\$10

\$230

Health Risk Assessment

23

\$30

\$690

Care Plan Development

23

\$30

\$690

On-Going Care Monitoring

18

\$30

\$540

Family Support Services

14

\$40

\$560

Home Outreach Support Services

5

\$75

\$375

Birth Outcome Confirmation

10

\$40

\$400

Total

Services

200

\$5,115

Director Signature

Supervisor Signature

Data Entry Clerk's Signature

for DW

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	237	Cumm 2nd Visits Last Month	184
Number of New Participants for This Month	28	New 2nd Visits	23
Cummulative Participants	265	Cumm 2nd Visits	207

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	28	\$ 280.00
2 Positive Pregnancy Test	\$ 10.00	23	\$ 230.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	23	\$ 920.00
6 Referral Services	\$ 10.00	23	\$ 230.00
7 Health Risk Assessment	\$ 30.00	23	\$ 690.00
8 Care Plan Care	\$ 30.00	23	\$ 690.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	14	\$ 560.00
11 Home Outreach Support Services	\$ 75.00	5	\$ 375.00
12 Birth Outcome Confirmation	\$ 40.00	10	\$ 400.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		200	\$ 5,115.00

Amount Due \$ 5,115.00

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Transfer Confirmation as of 08/08/2017 11:23 AM

WOMENS RES CEN NATCH	
Transfer Date:	08/09/2017
Transfer Amount:	5,115.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	110102685
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	5,115.00
Important: You May Want to Print this Page for Future Reference.	

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## Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization A Pregnancy Center & Clinic  
 Project Number 17-18-103  
 Date of Report ~~8/1/2017~~ 7/1/17 - 7/31/17 SA-4  
 Report Submitted by Patrice Lewis  
 Address 913 S. College Road, Suite 206  
 City, State, Zip Lafayette, LA 70503

New Pos. Clients: 

27
8

 2<sup>nd</sup>

27

 3<sup>rd</sup>

18
4

  
 Home BirthOut  
 Description of Services #Served Reim. Cost Total

Intake Application	28	\$10	\$280
Positive Pregnancy Test	27	\$10	\$270
Negative Pregnancy Test	1	\$10	\$10
Abstinence Education	1	\$30	\$30
Counseling	27	\$40	\$1,080
Referral Services	27	\$10	\$270
Health Risk Assessment	27	\$30	\$810
Care Plan Development	27	\$30	\$810
On-Going Care Monitoring	18	\$30	\$540
Family Support Services	13	\$40	\$520
Home Outreach Support Services	8	\$75	\$600
Birth Outcome Confirmation	4	\$40	\$160

Total Services 

208
-----

\$5,380
---------

Director Signature Patrice LewisSupervisor Signature Rachel HarrisonData Entry Clerk's Signature Patrice Lewis

SECTION G Coordinated Prenatal Care Services		P.O.# 2000 224936	
<u>A Pregnancy Center</u>		<u>LCP-17-18-103</u>	
Cumm from Last Month	375	Cumm 2nd Visits Last Month	320
Number of New Participants for This Month	28	New 2nd Visits	27
Cummulative Participants	403	Cumm 2nd Visits	347
<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	28	\$ 280.00
2 Positive Pregnancy Test	\$ 10.00	27	\$ 270.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	27	\$ 1,080.00
6 Referral Services	\$ 10.00	27	\$ 270.00
7 Health Risk Assessment	\$ 30.00	27	\$ 810.00
8 Care Plan Care	\$ 30.00	27	\$ 810.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	13	\$ 520.00
11 Home Outreach Support Services	\$ 75.00	8	\$ 600.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		208	\$ 5,380.00
Amount Due		\$	5,380.00

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**Transfer Confirmation as of 08/08/2017 11:24 AM**

<b>A PREGNANCY CENTER</b>	
Transfer Date:	08/09/2017
Transfer Amount:	5,380.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	110110734
Status:	Approved

<b>Transfer Summary</b>	
Number of Transfer Items:	1
Total of Transfer Amounts:	5,380.00
<b>Important: You May Want to Print this Page for Future Reference.</b>	

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## Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization

Type name here

Access Pregnancy - *Catholic Charities*

Project Number

Type project number here

17-18- 107 *SA*

Date of Report

Type date here

7/1/2017 - 7/31/2017 *SA*

Report Submitted by

Type submitted by here

M. Kugelmann

Address

Type address here

921 Aris Ave.

City, State, Zip

Type city, state, zip here

Metairie, La. 70005

New Pos. Clients:

12
0

2<sup>nd</sup>

12
0

3<sup>rd</sup>

5
0

Home

BirthOut

Description of Services

#Served

Reim. Cost

Total

Intake Application

13

\$10

\$130

Positive Pregnancy Test

12

\$10

\$120

Negative Pregnancy Test

1

\$10

\$10

Abstinence Education

1

\$30

\$30

Counseling

12

\$40

\$480

Referral Services

12

\$10

\$120

Health Risk Assessment

12

\$30

\$360

Care Plan Development

12

\$30

\$360

On-Going Care Monitoring

5

\$30

\$150

Family Support Services

17

\$40

\$680

Home Outreach Support Services

0

\$75

\$0

Birth Outcome Confirmation

0

\$40

\$0

Total

Services

97

\$2,440

Director Signature

*Michelle Black*

Supervisor Signature

*Margaret Murphy*

Data Entry Clerk's Signature

*Madeline Kugelmann*



## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-Metairie *Catholic Charities* LCP-17-18-107-1

Cumm from Last Month	107	Cumm 2nd Visits Last Month	95
Number of New Participants for This Month	13	New 2nd Visits	12
Cummulative Participants	120	Cumm 2nd Visits	107

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	13	\$ 130.00
2 Positive Pregnancy Test	\$ 10.00	12	\$ 120.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	12	\$ 480.00
6 Referral Services	\$ 10.00	12	\$ 120.00
7 Health Risk Assessment	\$ 30.00	12	\$ 360.00
8 Care Plan Care	\$ 30.00	12	\$ 360.00
9 On-going Care	\$ 30.00	5	\$ 150.00
10 Family Support Services	\$ 40.00	17	\$ 680.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		97	\$ 2,440.00

Amount Due \$ 2,440.00

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Transfer Confirmation as of 08/08/2017 11:24 AM

CATHOLIC CHARITIES	
Transfer Date:	08/09/2017
Transfer Amount:	2,440.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED] 5
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	110114189
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	2,440.00
Important: You May Want to Print this Page for Future Reference.	

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Request for Reimbursement Form  
Louisiana Life Choice Project  
Official Life Choice Project Monthly Reporting Form

TR  
RM  
CW

Name of Organization Women's Life Ministries  
Project Number 17-18112 SAH  
Date of Report July 1 - July 31 2017  
Report Submitted by Teresa Ragusa  
Address 109 E. Mulberry St.  
City, State, Zip Amite, La. 70422

New Pos. Clients: 

4
3

 2<sup>nd</sup>

4

 3<sup>rd</sup>  
BirthOut  
#Served

3
2

  
Reim. Cost Total

Intake Application  
Positive Pregnancy Test  
Negative Pregnancy Test  
Abstinence Education  
Counseling  
Referral Services  
Health Risk Assessment  
Care Plan Development  
On-Going Care Monitoring  
Family Support Services  
Home Outreach Support Services  
Birth Outcome Confirmation

4
3
1
1
3
3
3
3 SAH
6
8
3
2

\$10	\$40
\$10	\$30
\$10	\$10
\$30	\$30
\$40	\$120
\$10	\$30
\$30	\$90
\$30	90 \$120 SAH
\$30	\$180
\$40	\$320
\$75	\$225
\$40	\$80

Total Services 

40
41

 SAH

1245 SAH
\$1,275

Director Signature Teresa Ragusa

Supervisor Signature Carolyn Watson

Data Entry Clerk's Signature Rhonda Rossano

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Life MinistriesLCP17-18-112

Cumm from Last Month	62	Cumm 2nd Visits Last Month	47
Number of New Participants for This Month	4	New 2nd Visits	3
Cummulative Participants	66	Cumm 2nd Visits	50

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	4	\$ 40.00
2 Positive Pregnancy Test	\$ 10.00	3	\$ 30.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	3	\$ 120.00
6 Referral Services	\$ 10.00	3	\$ 30.00
7 Health Risk Assessment	\$ 30.00	3	\$ 90.00
8 Care Plan Care	\$ 30.00	3	\$ 90.00
9 On-going Care	\$ 30.00	6	\$ 180.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	3	\$ 225.00
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		40	\$ 1,245.00

Amount Due \$ 1,245.00

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Transfer Confirmation as of 08/08/2017 11:25 AM

<b>WOMENS LIFE MINISTRI</b>	
Transfer Date:	08/09/2017
Transfer Amount:	1,245.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	110121678
Status:	Approved

<b>Transfer Summary</b>	
Number of Transfer Items:	1
Total of Transfer Amounts:	1,245.00
<b>Important: You May Want to Print this Page for Future Reference.</b>	

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## Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization Restoration House  
 Project Number 116-17-18 SA  
 Date of Report July 1-July 31  
 Report Submitted by Beth Davis  
 Address 101 S. Spruce ST  
 City, State, Zip Hammond, LA 70403

New Pos. Clients:

22	2 <sup>nd</sup>
7	

Home

22	3 <sup>rd</sup>

BirthOut

8
2

Description of Services

#Served

Reim. Cost

Total

Intake Application	28	\$10	\$280
Positive Pregnancy Test	22	\$10	\$220
Negative Pregnancy Test	6	\$10	\$60
Abstinence Education	6	\$30	\$180
Counseling	22	\$40	\$880
Referral Services	11	\$10	\$110
Health Risk Assessment	22	\$30	\$660
Care Plan Development	22	\$30	\$660
On-Going Care Monitoring	8	\$30	\$240
Family Support Services	20	\$40	\$800
Home Outreach Support Services	7	\$75	\$525
Birth Outcome Confirmation	2	\$40	\$80

Total

Services

176

\$4,695

Director Signature

Beth Davis

Supervisor Signature

M. J. Davis RN

Data Entry Clerk's Signature

Shella Davis

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	177	Cumm 2nd Visits Last Month	160
Number of New Participants for This Month	28	New 2nd Visits	22
Cummulative Participants	205	Cumm 2nd Visits	182

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	28	\$ 280.00
2 Positive Pregnancy Test	\$ 10.00	22	\$ 220.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	22	\$ 880.00
6 Referral Services	\$ 10.00	11	\$ 110.00
7 Health Risk Assessment	\$ 30.00	22	\$ 660.00
8 Care Plan Care	\$ 30.00	22	\$ 660.00
9 On-going Care	\$ 30.00	8	\$ 240.00
10 Family Support Services	\$ 40.00	20	\$ 800.00
11 Home Outreach Support Services	\$ 75.00	7	\$ 525.00
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		176	\$ 4,695.00

Amount Due \$ 4,695.00

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**Transfer Confirmation as of 08/08/2017 11:25 AM**

<b>RESTORATION PREGNANC</b>		<b>Transfer Summary</b>	
<b>Transfer Date:</b>	08/09/2017	<b>Number of Transfer Items:</b>	1
<b>Transfer Amount:</b>	4,695.00	<b>Total of Transfer Amounts:</b>	4,695.00
<b>From Account Nickname:</b>	LCP CHECKING	<b>Important: You May Want to Print this Page for Future Reference.</b>	
<b>From Institution R/T Number:</b>	[REDACTED]		
<b>From Account Type:</b>	Demand Deposit		
<b>From Account:</b>	[REDACTED]		
<b>To Institution R/T Number:</b>	[REDACTED]		
<b>To Account Type:</b>	Demand Deposit		
<b>To Account:</b>	[REDACTED]		
<b>Confirmation Number:</b>	110125260		
<b>Status:</b>	Approved		

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**Request for Reimbursement Form**  
**Louisiana Life Choice Project**  
**Official Life Choice Project Monthly Reporting Form**

Name of Organization CPC Gonzales  
 Project Number 17-18-1.01  
 Date of Report 7/31/2017  
 Report Submitted by Michelle Dyess  
 Address 322 E Worthy Rd  
 City, State, Zip Gonzales, LA 70737

New Pos. Clients:  2<sup>nd</sup>  3<sup>rd</sup>   
 Home  BirthOut   
 Description of Services #Served Reim. Cost Total

Intake Application	14	\$10	\$140
Positive Pregnancy Test	4	\$10	\$40
Negative Pregnancy Test	10	\$10	\$100
Abstinence Education	10	\$30	\$300
Counseling	4	\$40	\$160
Referral Services	4	\$10	\$40
Health Risk Assessment	4	\$30	\$120
Care Plan Development	4	\$30	\$120
On-Going Care Monitoring	1	\$30	\$30
Family Support Services	7	\$40	\$280
Home Outreach Support Services	0	\$75	\$0
Birth Outcome Confirmation	0	\$40	\$0

Total Services  62  \$1,330

Director Signature Michelle Dyess  
 Supervisor Signature Michelle Dyess  
 Data Entry Clerk's Signature Michelle Dyess

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	54	Cumm 2nd Visits Last Month	11
Number of New Participants for This Month	14	New 2nd Visits	4
Cummulative Participants	68	Cumm 2nd Visits	15

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	14	\$ 140.00
2 Positive Pregnancy Test	\$ 10.00	4	\$ 40.00
3 Negative Pregnancy Test	\$ 10.00	10	\$ 100.00
4 Abstinence Education	\$ 30.00	10	\$ 300.00
5 Counseling	\$ 40.00	4	\$ 160.00
6 Referral Services	\$ 10.00	4	\$ 40.00
7 Health Risk Assessment	\$ 30.00	4	\$ 120.00
8 Care Plan Care	\$ 30.00	4	\$ 120.00
9 On-going Care	\$ 30.00	1	\$ 30.00
10 Family Support Services	\$ 40.00	7	\$ 280.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		62	\$ 1,330.00

Amount Due \$ 1,330.00

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**Transfer Confirmation as of 08/08/2017 11:26 AM**

CARE PREGNANCY CLINI		Transfer Summary	
Transfer Date:	08/09/2017	Number of Transfer Items:	1
Transfer Amount:	1,330.00	Total of Transfer Amounts:	1,330.00
From Account Nickname:	LCP CHECKING	<b>Important: You May Want to Print this Page for Future Reference.</b>	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	0654-00153		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110132768		
Status:	Approved		

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**PO# 2000 224936**

**SECTION I**

**INDIRECT COST**



# Invoice

July 2017

Dorothy Wallis  
3813 North Flannery  
Baton Rouge, LA 70814  
(225) 215-0004 office  
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this \_\_\_\_ day of August, 2017

S. SCOTT WILFONG  
NOTARY PUBLIC  
ID # 82151  
commission does not expire

82

Hold	Batch	Name	Account	Identification	Discretionary	Amount	Routine/Transit	Effective Date	Transaction Code
N	0000001	Caring To Love July 2017				4,500.00		8/9/2017	27 Demand Auto Payment
N	0000001	Dorothy Wallis July 2017				4,500.00		8/9/2017	22 Demand Auto Deposit
N	0000001							8/9/2017	

**Batch 1 Total**  
 Debits: 4,500.00  
 Credits: 4,500.00  
 Difference: 0.00  
 Totals: 9,000.00

**File Entry Count**  
 1  
 1  
 2

**File Total**  
 Debits: 4,500.00  
 Credits: 4,500.00  
 Difference: 0.00  
 Totals: 9,000.00

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: July 2017

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	0	0	0	0	0	0	1.7	2.4	0	9.4	8.5	8.5	1.7	6.8	6.8	0	7.7	1.7	6.8	6.8	7.7	3.4	0	8.5	6.8	6.8	6.8	7.7	7.7	0	2.6	145.4
ADMN	0	0	0	0	0	0	1.4	.6	0	1.7	1.5	1.5	1.4	1.2	1.2	0	1.4	1.4	1.2	1.2	1.4	.6	0	1.5	1.2	1.2	1.2	1.4	1.4	0	.5	25.7
Hours	0	0	0	0	0	0	9	4	0	11	10	10	9	8	8	0	9	9	8	8	9	4	0	10	8	8	8	9	9	0	3	171.0

Employee Signature:

*Dorothy Wallis*

Date:

8-7-17

Supervisor Signature:

*James Leitch*

Date:

8/7/17

GBS52716000179020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814Group ID :  
Subgroup ID : 0000Due Date: 07/15/2017  
Billing Date: 06/29/2017Invoice Period From : 07/15/2017  
Invoice Period Through: 08/14/2017  
Invoice Number : 171800001685

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... \$1,841.60

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$1,841.60

*Please Pay Total Amount Due*

\$1,841.60

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➡

## SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

85



ORIGINAL DOCUMENT PRINTED ON CHEMICALLY SENSITIVE PAPER WITH MICROPRINTED BORDER

**CARING TO LOVE MINISTRIES**  
OPERATING ACCOUNT  
3813 N. PLANNERY ROAD  
BATON ROUGE, LA 70814  
(225) 273-1124

**WATSET** BATON ROUGE, LOUISIANA  
84-15/054  
17639  
7/7/17

PAY TO THE ORDER OF: **Blue Cross Blue Shield** \$ **1,841.60**

One Thousand Eight Hundred Forty-One and 60/100 \*\*\*\*\* DOLLARS

Blue Cross Blue Shield  
P.O. Box 650007  
Dallas, TX 75265

VOID AFTER 60 DAYS  
OPERATING ACCOUNT

*Rochelle Walker*  
AUTHORIZED SIGNATURE

MEMO  
Group ID 27A61ERC Subgroup 0000 7/15/17-8/14/

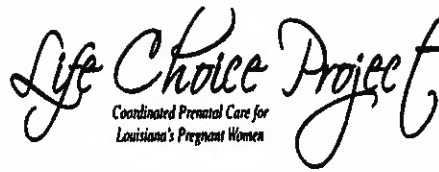
THIS DOCUMENT CONTAINS REAL SENSITIVE INFORMATION

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27A61ERC DAL CRED TO PAYEE  
0712305424/12 ABS END GUAR  
071217 187472 117 234

**SECTION I Indirect Cost-Insurance**

**LCP Budget to reimburse CTLM = \$250.00 for month**

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Contractors  
2017 to 2018

**Care Pregnancy Clinic**

**Baton Rouge**

**Region 2 LCP 10-11-01**

Dorothy Wallis  
72-0977636  
3813 N. Flannery Rd  
Baton Rouge, La. 70814  
Center Phone-225-273-1124  
Center Fax 225-273-5931  
Operation Hours: **Mon- Fri 9-5:00**

**A Pregnancy Center & Clinic**

**Baton Rouge**

**Region 5 LCP 010-11-113**

Director Patrice Lewis  
58-1671248  
913 South College Rd.  
Lafayette, La. 70503  
Center Phone 337-232-5509  
Center Fax 337-232-5945  
Operation Hours: **Mon-Fri 9-5**  
**(11:30-1, office open only)**

**Access Pregnancy & Referral Center/**

**Metairie**

**Region 1 LCP 10-11-107**

**New Orleans**

Madeline Kugelmann  
921 Aris Ave. Suite B  
Metairie, LA 70005  
Center Phone 504-832-1503  
Center Fax 504-828-2079  
Operation Hours: **Mon-Sat 8:30-4:30**  
**(12:00-12:30 closed for lunch)**

**Restoration Pregnancy Resource Center**

**Region 3 LCP 10-11-107**

**Hammond**

Beth Davis, Director  
101 S. Spruce St.  
Hammond, LA 70403  
985-542-0492 (Office)  
985-974-9397 (Cell)  
985-346-3643 (Fax)  
Hours: M, T, W, Th 9:00-2:30

**Women's Resource Center of**

**Region 8 LCP 10-11-04**

**Natchitoches**

58-1882982  
Director Beverly Broadway  
107 North Street  
P.O. Box 2234  
Natchitoches, La. 71457  
Center Phone 318-357-8888  
Center Fax 318-352-4188  
Operation Hours: **Tue- Thurs 9:30-4:30**

**Women's Life Ministries**

**Region 3 LCP 10-11-108**

**Amite and Hammond**

Director Teresa Ragusa (Executive  
Director)  
109 East Mulberry Street  
Amite, LA 70422  
Tax ID#: Federal – 743232424  
Operation Hours: **Monday 1:00 p.m.-6:00p**  
**Tuesday-Thursday 9:00 a.m.-5:00 p**

**Care Pregnancy Clinic - Gonzales**

**Region 3**

Director Michelle Dyess  
322 E. Worthy St.  
Gonzales, LA 70737  
225-241-6665 (Cell)  
Hours: M, W, Th 9:00-4:00

# LIFE CHOICE PROJECT

*e-choice*



*Inside the Issue*

## PREGNANCY & CHANGING FRIENDSHIPS

7 surefire ways to stay connected to friends through pregnancy and beyond.  
p. 01

## PROVIDERS CORNER

Polyhydramnios. What is it? Are you at risk? How can you treat it?  
p. 02

## DADS AND PREGNANCY

Best Apps for Dads-To-Be.  
p. 02

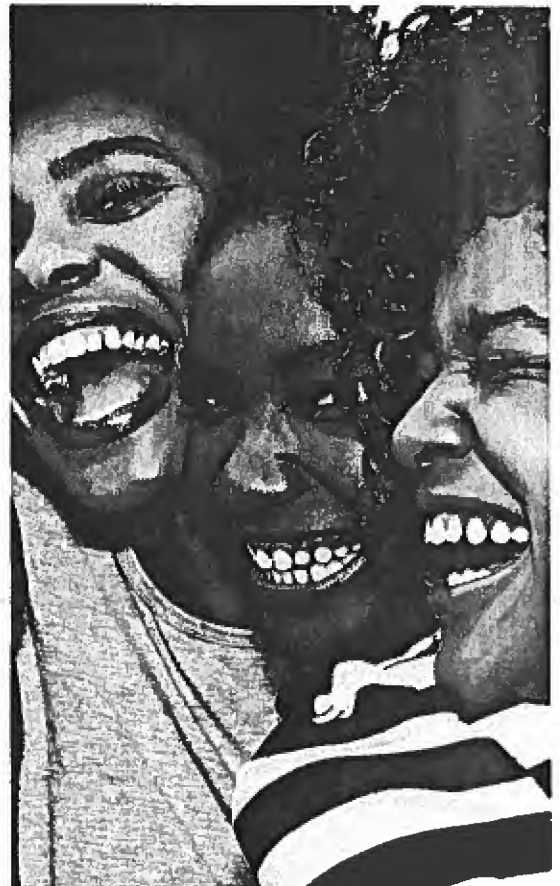
## PREGNANCY & CHANGING FRIENDSHIPS

<http://www.health-and-parenting.com/pregnancy-changing-friendships/>

If you are the first to fall pregnant in your peer group, you may be feeling left out. As they continue going out for cocktails, dating and planning their latest exotic holidays, you may feel out of place and think you have little in common with your old friends.

Just because you're enjoying different life stages doesn't mean you have to stop being friends. Here are some tips to help you stay connected with your friends during pregnancy and motherhood:

- **Keep in touch.** If you're struggling with pregnancy symptoms, it's easy to skip social events for another night on the sofa. If you want to keep friends, you have to invest time in the friendship, and this means staying in touch. While you may not feel up to meeting up as often, especially when pregnancy fatigue kicks in, you can still make time for a catch up over the phone.
- **Meet up.** Just because you're no longer able to drink and dance the night away, doesn't mean you have to stay home alone. Why not organise a quiet evening drinking cocktails (better make yours a mocktail) together, or an old fashioned girly sleepover? Explain to your friends that while you don't feel up to a bar crawl, you'd still love to spend time with them, and suggest suitable activities.
- **Be honest.** Honesty is always the best policy. If you can't do something, be honest about why not. Ask for the same in return. If your friend is struggling with the news of your pregnancy – perhaps because she is worried about losing you as a friend, or because she is trying to conceive herself – talk about it. By airing concerns, and responding honestly and sensitively, you can help to heal any cracks developing in your friendship.
- **Expand your circle.** It's always great to have friends who are in the same life stage as you, so try to meet other pregnant women. Prenatal classes are a great way to meet other expectant parents in your local area. You will support each other through 3am feeds, diaper rashes and bouts of teething – and these new friends will become a lifeline. Stay close to your old friends, but it doesn't hurt to make new ones too.





## DADS AND PREGNANCY

### Best Apps for Dads-To-Be

<http://www.parents.com/jun/entertainment/gadgets/best-apps-for-new-dads-dads-to-be/>

From delivery room tips to easy recipes, here are 5 must-have apps for dads-to-be.

- Pregnancy For Men: \$0.99**  
 This app, based on the best-selling book of the same name, offers helpful advice and information geared toward the dad-to-be, mostly centered on pregnancy milestones. It offers a month-by-month look at what's going on inside the belly and with pregnant women in general. It offers glimpses of current pregnancy news, and has pretty hilarious and honest audios of men offering advice.
- HoneyDo: \$4.99**  
 HoneyDo is a popular task manager that helps you keep track of your own to-do list and manage others. When creating tasks, you can have a quick IM chat to answer questions, add sub lists (such as a grocery list under the "get groceries" task), check off tasks that are done, and offer fake gifts as incentives (such as love, money, a beer, or cupcakes). All in all, this is a neat app for a busting household, and allows busy moms-to-be to get it all done with help.
- mPregnancy - for Men with Pregnant Women: \$2.99**  
 Although it's not as comprehensive as some others--it doesn't have a contraction timer or other similar tools--it does have an informative section of FAQs covering random but helpful topics like the foods that are off-limits during pregnancy. Plus, you'll find weekly development stages and growth charts comparing the size of the fetus to things like a beer bottle, a pizza, and a football. Guys will also love the scoreboard that keeps track of days left till the little one arrives.
- How to Cook Everything: \$4.99**  
 Dads-to-be can take over in the kitchen with cooking tips and more than 2,000 recipes from Mark Bittman's best-selling cookbook of the same name. They're easy enough to follow for guys who don't cook, yet interesting enough to inspire those that do to mix up their repertoire.
- Labor and Contraction Timer: FREE**  
 Dads-to-be may never get the opportunity to experience a contraction, but as their partner endures them, at least they'll be able to lend a hand with this app. In stopwatch fashion, it measures the time between contractions and the length of the contraction, helping couples decide when they should hit the road to the hospital and letting them know what stage of labor they're in.

## PROVIDERS CORNER

### Polyhydramnios

<http://americanpregnancy.org/pregnancy-complications/polyhydramnios-high-amniotic-fluid/>

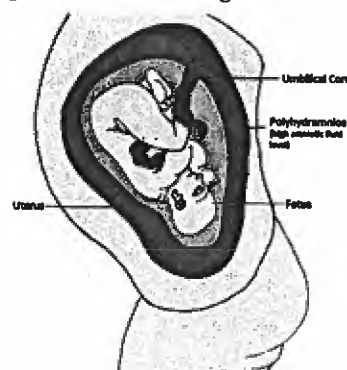
Polyhydramnios or commonly referred to as "Poly," is a relatively rare condition that happens in about one percent of pregnancies.

Polyhydramnios occurs when excess amniotic fluid accumulates in the uterus during pregnancy. The excess in amniotic fluid is opposite of oligohydramnios which means there is low amniotic fluid. In most cases, polyhydramnios is harmless, but it does have the potential to cause serious pregnancy complications.

Symptoms may include:

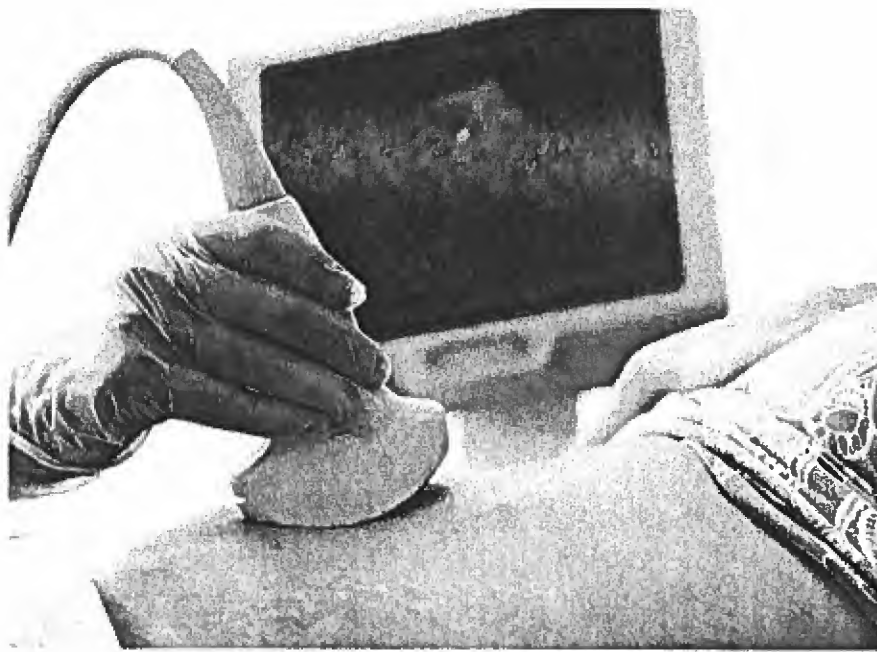
- Difficulty breathing
- Swelling in the lower extremities
- Swelling of the vulva
- Decreased urine production
- Constipation
- Heartburn
- Feeling huge or tightness in belly

The above symptoms result from an overly enlarged uterus exerting pressure on other organs.



In cases of severe polyhydramnios, the treatment plan may focus on the underlying condition. If for example, your doctor determines that your polyhydramnios is a result of your baby's heart rate, he or she might give you medication to correct the heart rate, thereby adjusting the polyhydramnios.

Polyhydramnios can be treated by regularly draining amniotic fluid from the uterus using a large needle. This procedure does carry a risk of complications, so your doctor will only recommend it if the danger of continuing the pregnancy with untreated polyhydramnios is greater than the risk of draining the fluid.



## DID YOU KNOW...

### The First Trimester of Your Pregnancy

<https://www.whattoexpect.com/pregnancy/top-10-things-you-need-to-know-about-the-first-trimester.aspx#01>

Here's a quick list of exactly what you can expect in your first trimester as an expecting mom.

- **You May Not Gain Too Much Weight.** Chances are you'll only gain a few pounds during the first 12 weeks. Morning sickness is mostly to blame: It will be hard to up your calorie intake when you're having trouble keeping food down. Not feeling nauseous? Certain smells and foods might bother you, or you'll lose your appetite.
- **Your Due Date May Be Wrong.** Figuring out your due date will require a little bit of math magic — and sometimes even doctors get it wrong initially. Even if you're absolutely certain you know the day you conceived, tacking on 40 weeks won't add up to your due date. Instead, add 40 weeks to the day of your last period, or 38 weeks to when you did the deed. But keep in mind that no matter what date you have penciled in on your calendar, your baby will likely arrive on her own time.
- **Your Baby is Still Tiny.** Another reason you likely won't gain much weight in trimester one: Your little one is very little. When you're able to confirm your pregnancy in week 5, your sweetie will be as small as an orange seed. And while your baby will be hard at work developing his brain and growing itty-bitty bones, he'll only measure up to the size of a peach by the time your first trimester is through.
- **Your Body May Weird You Out.** Even sans belly, you may feel like a different person during the first three months of pregnancy. Just like most odd occurrences during pregnancy, you can thank your pregnancy hormones.

## The Life Choice Project

3813 N. Flannery Road  
Baton Rouge, LA 70814  
Phone 225 273 1124  
Toll Free 888 823 1121

## Caring to Love Ministries

Through the Life Choice Project, offers critical personal prenatal care services and other supports that often prevent women from making life-altering mistakes.

## WHAT'S NEW FOR MOMS:

### The Baby Shusher

Via Parenting.com: "I love hearing my baby cry! Said no one ever. When their little one is inconsolable, parents will try all sorts of tricks to soothe them. What's something that ought to be among them? The Baby Shusher, a nifty—albeit, strange—device that, well, shushes your baby. This noise machine mimics the rhythmic sounds of the womb, triggering your baby's "natural calming reflex," helping to stop him from crying. In other words, it's a quiet house in a weirdly shaped can."



## FITNESS & EXPECTANT MOTHERS:

### Eating Well During Pregnancy

<https://veritymag.com/2017/08/14/expecting-for-healthy-pregnancy>

- **Fine-tune your diet — even if you already eat well.** Almost all pregnant women need to get more protein, more of certain vitamins and minerals (such as folic acid and iron), and more calories (for energy).
- **Skip unsafe foods.** Steer clear of these foods: Raw seafood, Unpasteurized milk, Soft cheese, Mexican cheese, Pâté, Raw or undercooked meat and poultry.
- **Say no to alcohol.** Drinking alcohol during pregnancy can cause physical defects, learning disabilities, and emotional problems in children.
- **Take a prenatal vitamin.** Even without morning sickness or food aversions, it's difficult to meet your nutritional needs with just a well-balanced diet. A prenatal vitamin-mineral supplement helps you get the nutrients you and your baby need to thrive.
- **Don't diet while you're pregnant.** Dieting during pregnancy could be harmful to you and your baby. Many eating plans designed for weight loss would leave you low not only on calories, but also on iron, folic acid, and other important vitamins and minerals.